

**SOUTHERN UNION STATE COMMUNITY COLLEGE
E / H SCHEDULE EMPLOYEE TIME SHEET**

Name: _____

Month: _____ Year: _____

Soc Sec # _____

Campus: _____

Department Code: _____

DAY	HOURS WORKED				LEAVE HOURS				TOTAL HOURS
	IN (AM)	OUT (AM)	IN (PM)	OUT (PM)	Annual	Sick	Personal	Emerg.	
1									
2									
3									
4									
5									
6									
7									
8									
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27									
28									
29									
30									
31									

I certify the above to be a true and correct record.

Employee's Signature

Supervisor's Signature